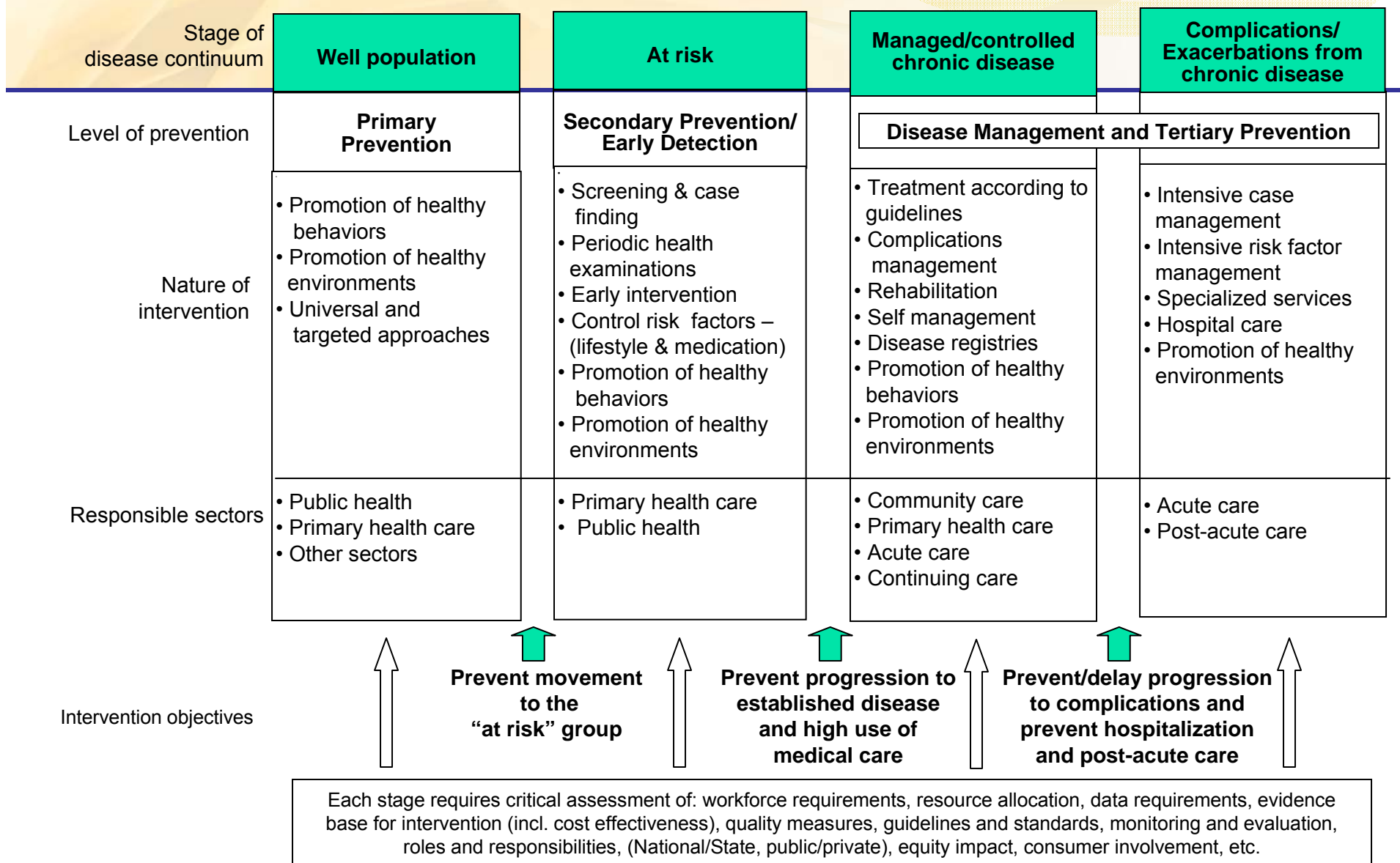



# Health Promotion and Chronic Care Management Across the Life Course



# Well population: Free of disease



## ■ Primary Prevention

- ▶ Protection of health by eliminating causes and determinants of departures from good health and controlling exposure to risk
  - Example: not smoking

### How do we do this?

- Promote healthy behaviors→ eating well, physical activity, vaccinations, stress management
- Promote healthy workplaces→ accessible stairwells, no vending machines
- Promote healthy environments→ safe sidewalks, clean air
- Universal and targeted approaches→ interface national strategies with local & individual efforts

### Who's responsible?

- The individual→ make good choices re: smoking, diet, activity, alcohol use, preventive services
- Public Health→ health promotion campaigns/ education
- Primary health care→ referrals to prevention programs, counseling/ interdisciplinary work
- Employers→ offer good health care plans, healthy work environment
- Other sectors→ non-profit agencies (supports during times of family disruption), commercial firms (e.g. food stores & fitness facilities), foundations



# At risk: Exposed to disease risk factors

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## ■ Secondary Prevention/ early detection

- ▶ Early detection and prompt, effective intervention to control exposures to risk
  - Example: pap smear

### How do we do this?

- Screening and case finding→ mammography, prostate exams, blood pressure/ glucose/ cholesterol
- Periodic health examinations
- Early intervention→ take medication/ supplements
- Control risk factors→ lifestyle modification
- Promotion of healthy behaviors and healthy environments

### Who's responsible?

- The individual→ schedule regular exams, ask questions!
- Primary health care provider→ provide regular, appropriate screenings
- Public health→ education, free vaccines for low income, hard-to-reach populations

# Managed/controlled chronic disease: Mitigating symptoms & complications

## ■ Tertiary Prevention (disease management)

- ▶ Reduce or eliminate long-term impairments, disabilities, and complications from established disease
- ▶ Minimize suffering caused by departure from good health
  - Example: physical activity to reduce pain from arthritis

### How do we do this?

- Treatment according to guidelines
- Complications management → requires interdisciplinary action: e.g. review medications
- Rehabilitation → e.g. physical therapist monitoring hip replacement surgery
- Self-management → Stanford model: Chronic Disease Self-Management
- Disease registries → determine population's disease distribution
- Promotion of healthy behaviors and healthy environments → still not too late!

### Who's responsible?

- The individual → chronic disease self-management
- Community care → community-based programs, support groups
- Primary health care (physician) → treats according to guidelines, assists patients in developing care plan
- Acute care staff (ED nurses/physicians) → treat acute symptoms that result from disease
- Continuing care (case manager) → help arrange regular foot exams for diabetics

# Complication/exacerbations from chronic disease: ADLs/ IADLs are compromised

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## ■ Tertiary prevention (disease management)

How do we do this?

- Intensive case management→ requires interdisciplinary involvement: primary care provider, other healthcare providers, case manager, family/ friends, and the individual
- Intensive risk factor management→ e.g. monitor weight and eating habits
- Specialized services→ home health aides
- Hospital care
- Promotion of healthy environments→ safe, well-lit walking paths

Who's responsible?

- The individual and his/her social supports
- Acute care staff→ treat acute symptoms that result from chronic disease
- Post-acute care→ rehabilitation services